DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 890	1227	h/E	CEILL DAT	E: U	/ /	27 7	0.1
IA NUMBER: PCT/	DE00 / 00	1191	IA	FILING D	ATE: 0	1 /	21 /	0.0
FAMILY NAME:	BOROWSKY		DE	LAY WAIVE	D (Y/N):			И
GIVEN NAME:	HANS-DIETE	ER .	D/E.	MAND RECE	IVED (Y/	N):		M
PRIORITY CLAIMED (Y/N):	Υ	PR	IORITY DA	TE: 0	1 /	27 /	99
NO BASIC FEE (Y/N)	ır B	N	US	DESIGNAT	ED ONLY	(YZN)	:1 :2	M
ATTORNEY DOCKET NU	MBER:	HHI-033	CO	UNTRY:				
CORRESPONDENCE NAMI	E/ADDRESS:	CUSTOMER	NUMBER:	000000	TELEPHON	E 61	.7227	7400
					FAX			

NAME:

ANTHONY A LAURENTANO

LAHIVE & COCKFIELD

STREET: 28 STATE STREET

CITY: BOSTON

STATE/COUNTRY: MA ZIP: 02109

EMAIL:

APPLICATION TITLES:

AUDITORY TREATMENT DEVICE

TAB TO LAST POSITION, PUSH SEND